

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

- 1) Remove the next five pages from this packet. This is the application you will be submitting. We suggest making a few photocopies of those pages in case you want to do a draft. Please read all the application questions thoroughly before you begin to fill in responses.
 - 2) Fill in all the information requested on cover page regarding your school and/or district and your school health program. Obtain signature from the chief administrator of your school/district.
 - 3) Complete the body of the application, consisting of seven questions. Please follow these guidelines below. Applications that do not follow these guidelines will not be accepted:
 - Use only the space provided and keep all text within the borders on the page.
 - Text should be typewritten or printed on computer in 10 point font or larger.
 - You may handwrite your responses, but they must be legible.
- NOTE: Judges are instructed to award points based on quality, not quantity. Hence focus on being concise and responding to the specifics of the questions.
- 4) You are welcome to attach supporting documentation. This is optional. Supporting documents might include letters of support for your program, brochures, photos, curricula, newspaper clippings, etc.
 - 5) Make three photocopies of your entire application (cover page, body, and any supporting documentation you have chosen to include). Make a copy for yourself, too.
 - 6) Review the application checklist following the application.
 - 7) Mail your original application and three photocopies to:

**Texas Department of Health
Bureau of Children's Health
Awards for Excellence in Texas School Health
1100 West 49th Street
Austin, TX 78756-3199**



Applications must be received by the Texas Department of Health no later than **5:00 p.m., CST, Friday, March 8, 2002**. This deadline is non-negotiable. Faxed copies will not be accepted.

AWARDS FOR EXCELLENCE IN TEXAS SCHOOL HEALTH

2001/2002 APPLICATION COVER PAGE

(please type or print legibly)

School (district-wide programs leave blank): _____

Principal (district-wide programs leave blank): _____

School district: _____ **Superintendent:** _____

County: _____ **Education Service Center Region #:** _____

Enrollment (# of students enrolled on the campus, campuses, or district served by your program): _____

Title of Program: _____

Category (☒ one): ☐ **New** (program is less than 2 years old and not a previous *Award for Excellence* winner)

☐ **Established** (2 or more years old and/or previously won an *Award for Excellence*)

Contact's Mailing Address (include name of campus/district at this address. Announcements will be sent here):

Contact's Telephone(s): (____)_____ / (____)_____ (Home): (____)_____

ABSTRACT: Provide a very brief summary of your program. Touch on the program's objectives, the activities to obtain the objectives, and the program's outcome/results.

Signature of Approval: _____

(Principal's signature for campus programs / Superintendent's for district-wide or multi-campus programs)

Signature of chief administrator confirms that the information within this application is correct. It also grants permission to the Texas Department of Health to copy the contents of this application in publications promoting exemplary models of school health programs. Such publications will cite your school/district as the source of the program.

*1) **Identification of Need** (10 points): Explain the need for your program. Include info on the health status and/or special characteristics of the students and/or staff. This might include cultural health practices or social and economic factors. If possible, provide evidence of need using school/community data, survey results, absentee reports by cause, etc.*

*2) **Program Objectives** (15 points): Explain the program objective(s) in terms of meeting the above need(s). Objectives should emphasize promotion of healthy lifestyles and prevention of diseases/injuries related to the target population's needs. Some objectives should focus on integration of the program into the student curriculum and/or staff activities on a regular basis.*

3) **Program Activities** (20 points): Describe the specific program activities and how they address the program's objectives as well as any other on-going health efforts. Judges will award more points to on-going and/or long term activities than to single day/event activities.

4) **Collaborative Efforts** (20 points): Discuss aspects of the program that involve collaboration within the school, district and/or greater community. For example, activities planned with and supported by several programs within the school/district. Another example is collaboration with local health or social service agencies or the regional Education Service Center. Indicate if your district has a school health advisory council, and if so, how has it been involved in your program.

5) **Program Continuation** (15 points): *Discuss efforts to ensure the program's continuation and expansion on a long-term basis. Describe strategies for replicating the program where similar needs exist. Describe any efforts to institutionalize the program.*

6) **Creative and Innovative Techniques** (10 points): *Describe any notable creative and/or innovative aspects of your program's implementation and/or activities.*

7) Outcome and Results Measurement (10 points): Describe the effectiveness of your program in terms of meeting the objectives set forth above. Outline the results of the various program activities. Explain the evaluative methods used to determine these outcome measurements. Examples of some evaluative tools are:

- pre-test / post-test results
- measurements (increase in desired activity / decrease in illness/risk behaviors)
- survey of participants' evaluation of program
- percentage of participants that have completed the program

Extra space: Feel free to continue your response to any of the above questions(s) in this section below. Indicate the question(s) to which you are responding. Do not exceed space provided below.